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THE MEDICAL MISSIONARY

WASHINGTON, D. C.

SISTER M. TIMOTHY, S.C.M.M.
Editor

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ACROSS THE PAGES. . . .

IT MAY NOT BE scientifically significant to see the eggs you have just purchased dipped in natural hot springs and emerge "freshly soft-boiled," but it makes interesting reading. And besides, that is only an incidental sidelight in the description Doctor Hattemer gives of the sand and mud baths at Beppu in Japan.

* * * * *

THIS YEAR MARKS the 100th anniversary of the coming of the Sisters of Notre Dame of Namur to the United States. We have acknowledged in the past our deep gratitude to those members of the community with whom we have had contact; this brief survey of the work of the "Daughters of Mère Julie" shows that we share with countless others the privilege of being in their debt. In passing, might we note that their "Motherhouse" is in Namur, Belgium, and ask you to remember these, our benefactors—and perhaps yours, too—in your prayers?

* * * * *

GLORIA REGAN, a junior at Immaculate Conception Academy in Washington, D. C., after winning the city finals in the C.S.M.C. oratorical contest, proceeded to take first place in the finals at Baltimore. There is earnestness and enthusiasm in these Crusaders! We only regret that space made it necessary to print "excerpts" instead of the full text.

* * * * *

"YOU NEED PATIENCE—*Ad Infinitum!***"** was the conclusion of Sister M. Laetitia after 10 years of medical work in India. Then to prove it, she sat down and wrote a few of her actual experiences, which we present to you in play form.

* * * * *

SISTER ALMA JULIA'S letter treats of "mosquito nets and horoscopes—and sundry odds and ends."

* * * * *

AS FOR "Tic," you met him last month—don't you remember? He is the "Shadow of fun at the Medical Mission House!"

Medical Missions: Medium of Contacts—And Conquests

Some years ago, while enjoying a holiday in the vale of Kashmir, I met a charming Protestant lady who had set herself the novel task, as she explained to me, of traveling from place to place to cheer up missionaries!

Now, suppose your inclination, means and leisure would permit you to go on a somewhat similar, although much more laborious quest: the quest of finding out how to cheer the native people. You would discover, first and foremost, that these people must learn the truth, which loosens many fetters; that they must get rid of false beliefs, superstitions, harmful customs, foolish fears, apathy and inertia. To get anywhere, the last mentioned—inertia—has to be overcome first. The question is, how?

The one prod that rouses almost any but those too dulled by fatalism, opium or utter helplessness, is pain and the fundamental human urge of preservation of life. And so it is that in mission countries, the first contacts and conquests are frequently made through the cure of a child, the amputation of a gangrenous limb, or the removal of a cataract—to mention only a few of many possibilities. One thing leads to another. Seeing much unrelieved and preventable suffering, and the eagerness with which relief is accepted, the missionaries go out into the highways and byways, into the villages and crowded bazaars, to render assistance where it is needed, and then to establish dispensaries, hospitals, nurseries. Specialized departments or institutions for those afflicted with mental or contagious diseases, for cripples and incurables, follow.

To be able to give the most effective charity, science in its many forms is made the ally of devotedness. Religious and lay medical missionaries—doctors, pharmacists, nurses, technicians and experts in non-medical phases of hospital work—are called into service. The laboratory, at first small, develops by degrees, and in some cases becomes a miniature research institute. (Missionaries of different denominations have many valuable medical discoveries to their credit.) X-ray, radium, and the various modern means of diagnosis and treatment penetrate as soon as generous benefactors make it possible.

As the natives realize more and more the assets of health, the work extends and the establishment of schools of medicine, pharmacy, nursing and midwifery is a logical development. The purpose is to enable the natives to assist and, eventually, to carry on the work themselves. Maternity, child welfare, and other health activities, become feasible as soon as apathy is overcome.

The scope of medical missions is immeasurable: Calamities, such as war, epidemics, earthquakes, floods, fire—always find missionaries on the scene of relief; when government or municipal hospitals are short of trained nurses, they appeal to sisterhoods, who cheerfully fill the gap, when it is possible; white people, scattered here and there all over Asia and Africa, when ill or homeless, always find a welcome in the mission hospital; last but not least, the mission hospital is hospital, home and haven of rest combined for the sick or exhausted mission priest, brother or sister.

In pioneer places, where division of labor has not yet made its appearance, the hospital is also the social service center; the temporary shelter for the orphan, the unwanted baby, the unprotected girl, and likewise the employment and matchmaking agency. Even vocal, artistic, photographic, or literary talents are unearthed—and those blessed gifts of being a good cook, or an expert patcher are still more in demand!

The mission hospital is *par excellence,* the place where Christianity is exemplified in word and action; where the natives have a chance of absorbing Christian ideas and ideals, and where they cannot help but see and feel that the God of the Christians is a God of love, not fear. In the case of indifferent Catholics, dormant religion is often revived during a stay in the hospital, peace is made with God, marriages are rectified, neglected baptisms are attended to—the whole man, body and soul, is benefited.

It is easily seen that many wheels have to be turned and lubricated to make the small world of a Medical Mission Center go round. And what of those who turn the wheels?

They need a gentle touch, a compassionate and understanding heart, patience, strength, endur-

(*Continued on page* 117)

The Inland Sea

Outpost of Health On the Inland Sea

By
MARGARET HATTEMER, M.D.

A brief description of the health resort at Beppu, on Kyushu, one of the West Japanese Islands.

Beppu is a sea resort with a population of 48,000—and about 2,000,000 visitors annually! Such statistics were bound to arouse our medical interest! The town itself is situated on Kyushu, one of the more western of the Japanese islands. It does not face the Pacific Ocean, but lies on the shore of the very beautiful Japanese Inland Sea. And since I remember so well the time when I had no idea just what this "Inland Sea" might be, a word of explanation might not come amiss. The Japanese Inland Sea is that part of the ocean which separates the main Japanese islands—Hondo, Kyushu and Shikoku—from Japan itself. Only narrow straits connect it with the Pacific, as well as with the so-called "sea" which lies between Japan and the continent of Asia.

Beppu is beautifully situated, with its face toward the seashore, while behind it mountains form a magnificent background. But what really qualifies it as a sea resort is its hot springs. Some of these supply sulphur, iron and carbon dioxide baths. Other areas are seething beds of hot mud, which are very active. Under detonation the mud is sometimes raised higher than a foot. Around these springs mud pools have been formed, the largest of which is supposed to be more than 400 feet deep, and with a temperature of 194.9° Fahrenheit! Another, a startling vermilion in color, has a depth of 540 feet and a temperature of 168.8° Fahrenheit. This latter pool is the hub of four mud-bath houses.

The bath houses are ordinarily built around the hot springs or mud pools, and are constructed of wood. Nothing more solid or enduring is used because of the imminent danger of earthquakes. We wandered along from house to house, and from pool to pool. In close proximity to the springs there were bazaars where one could purchase every imaginable object—bathing suits and robes, dresses of both Japanese and European styles, toys, jewelry, toilet articles and novelties of every description. There was food on sale, too. We preferred the fresh boiled eggs—in their shells! As we stood watching after making our purchase, we saw the eggs placed in a basket which was dipped into the hot spring, and behold! we had not only fresh eggs, boiled, but eggs, "fresh boiled!" The price was just five sen—about two cents in American money.

Later we saw another example of ingenuity in utilizing what nature had provided: In the home of a rich Japanese merchant who had invited us to see some samples of Japanese art, we saw that the hot springs directly supplied the water for the bath tubs in his house! Two sunken tubs, inlaid with marble, were constantly filled with the natural hot water! A third tub, somewhat less elaborate than the others, was reserved for the servants of the household.

Beppu as a health resort, however, has still another "specialty"—hot sand baths! These lie close to the sea. The large wooden hall which houses the baths is divided into two sections, one for men and one for women. Peering in, one may see the patients burying themselves in the hot, wet sand. Only the head, the arms and the heart region remain uncovered. Most of the service is "self-service," though friends or acquaintances or children may help the "bathers" to gain the desired depth. Actual employes were few in number. I was unable to discover how often the sand was renewed.

In close proximity to the sand baths were steam and hot-air baths, similar to our "Roman-Irish" baths. The main difference seemed to be in the price—here the cost was equivalent to about four cents of American money. There were attendants on hand to receive guests, and also to give them advice. As far as I could make out, there was no charge for the use of the sand baths, which might account for their great popularity, in contrast to the very few patrons who were in evidence where one "paid as one entered!"

It was interesting to note the method adopted for directing strangers to the baths—the signs of directions were illustrated pictures! We found these to be a real advantage, and made our way from place to place with the minimum of difficulty.

We learned before we left that the Japanese Government was interested in ascertaining the nature and value of these springs and had ordered the University of Kyoto to maintain a physical institute near Beppu.

1840

1940

Blessed Julie Billiart

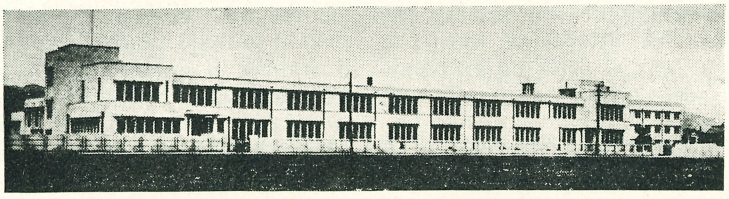
Sisters of Notre Dame de Namur in the United States

By
A Sister of Notre Dame of Namur

The Institute of the Sisters of Notre Dame de Namur was founded in Amiens by Julie Billiart and Francois Blin de Bourdon during the troubled years that followed the French Revolution. The congregation grew rapidly and within a few years houses were established in the principal cities of Belgium, with Namur as the center for the Motherhouse. Julie Billiart was remarkable for her great spiritual insight, her perfect obedience to ecclesiastical authority and her zeal for the education of the poor. The Church recognized her sanctity in declaring her blessed on May 13, 1906, in the pontificate of Pius X.

At the present time the Congregation of the Sisters of Notre Dame includes houses in Belgium, Italy, England, America, Asia and Africa. In 1894 the first missionary Sisters went from Belgium to the Congo, where they not only evangelize and educate the natives but care for their physical well-being also. At every mission station there is a clinic at which large numbers of the natives are treated daily. Infant Welfare centers have been established, by means of which the infant mortality rate has been reduced from 70 per cent to 12 per cent. That the work has borne abundant fruit is testified by the fact that a congregation of native Sisters has been instituted called the Daughters of Notre Dame. From England, Sisters are sent to South Africa, where they conduct flourishing schools under government Boards of Education in Rhodesia and the Orange Free State.

In 1840 eight Sisters of Notre Dame came to America. They began their work in Cincinnati, Ohio, and have spread east and west through many states. The eighty communities now under their care in this country constitute four provinces with Provincial Houses and Novitiates at Ilchester, Maryland; Waltham, Massachusetts; Reading, Ohio; and Belmont, California. The first foundation of Notre Dame in Asia was made by Sisters of the Waltham Province in 1924 at Okayama, Japan. Three Japanese Sisters of Notre Dame are now teaching in their own country, and another is preparing in the Novitiate at Waltham to join them. In 1929, a second house in Asia was opened in Wuchang, Hupeh, China, by the Sisters of the Ohio Province. The labors of these Sisters were interrupted last year by the Sino-Japanese War. Forced to leave their new school and convent, they sought refuge with their Sisters in Japan. After a year of exile they have returned to their home in China, accompanied by three Chinese Sisters of Notre Dame, who had completed their Novitiate at Reading, Ohio.



The School in Okayama, Japan

In the United States, the Sisters have three institutions for higher education—Trinity College, founded in 1897 in Washington, D. C.; Emmanuel College, in Boston; and a Junior College at Belmont, California. The Sisters are also in charge of the Women's Division of the University of Dayton, Ohio. The Institute of Notre Dame maintains two houses for higher study in Europe, one at Oxford, the other at Louvain.

In Belgium the Sisters are in charge of two large Normal Schools, fully approved by the government. At Bastogne the students prepare for certificates for teaching in primary and elementary schools; at Berchem, near Antwerp, for elementary and secondary certificates. From these Teacher Training Schools developed what is probably, from the merely professional point of view, Notre Dame's most valuable contribution to Belgian education—an adaptation of the Montessori system to the needs of the country.

The most important and

(*See page* 111)

"Excerpts"

Taken from the speech of the winner of the Baltimore C. S. M. C. Oratorical Contest on the subject: "Personal Views on Religious Vocation"

By

Gloria Regan, Washington, D. C.

Personal views on Religious Vocation—that means our friends' way of looking at vocations, yours and mine, doesn't it? Personal views—frankly, I felt I had met a stumbling-block at the outset.

But I had an inspiration one day as I read the newspaper. Above the picture of Father Flanagan, the headline announced to the world that he is zealously continuing his work in Boys' Town, which but a year ago was the center of attraction to movie-goers. As I looked at the strong countenance of a man who knows sacrifice, disappointment and hardship, admiration welled up in my soul.

"I think priests are great," was my twelve-year-old brother's contribution, "look at Father Schulte—he really does things making crosses in the sky, just like the Pepsi-Cola man. But it's a lot better than the Pepsi-Cola man's, Sister said, because the cross in the sky just means he was blessing us, and he has saved the lives of oh! so many people, too, and he says Mass in places that were never reached before, all because he is a priest and loves God and . . ."

I was somewhat breathless when he finally concluded his eulogy on the "flying priest," ever taking his flight to new quest for souls on the wings of mercy.

Last week an interesting book by an Episcopalian bishop was handed to me by my father who pointed out an enlightening passage. The bishop, in his rounds of his diocese, happened one day to call at a convent. The nun's "delicate gaiety", as he put it, so impressed him that he afterwards admitted that it had a definite influence on his life and really drew him to the true church.

It was zealous optimism that fired the world of Mother Seton, a lover of the afflicted, the ignorant. One hundred and thirty years ago in the hills of Maryland, Mother Seton and her little band of workers, planted a tree that has blossomed through the decades of American educational history. We owe this pleasant setting, the advantages our school life affords us today, to pioneers like her. Our way of showing gratitude is living what we are taught. Do we say, "Thank you", that way?

Father Duffy, my idea of a wonderful man, is usually the theme of Uncle Bill's Sunday night talks when we get him on the subject of the World War. My uncle, you see, a member of the "Fighting 69th," worked by Father Duffy's side during many a trying siege, and watched the valiant priest make attempts to save comrades, trapped in a trench after an explosion. Many of you have probably seen the picture, "The Fighting 69th," and laughed when a suffering soldier looked up into the kind eyes of the patient priest and said, "I'm ready, Father. I've just been talking to your 'boss'." Yes, you laughed, and so did I, not stopping at the moment to realize that Father Duffy *was* working for a "boss"—a "boss" who pays wages in eternity.

In eternity! I came face to face with the reality of this thought and the wages paid then—only then—one Saturday—marketing day. I was hurriedly making my purchases when I heard a volley of unpleasant and shockingly rude expressions. They came from the coarse lips of a man whom a Sister of the Poor had just approached. The meek little Sister drew back, then stood motionless and white-faced.

"Thank you, sir," her voice was low, vibrant. "You have given that to me; do you have anything now to bestow on my poor?"

Does not her voice cry out to the very depths of our souls—yours and mine? Is it not a cry like His of long ago: "Whatever you do to the least of Mine, you do unto Me."

Are we doers for Christ or mere lookers-on who draw ourselves disdainfully away from the afflicted, the outcast, and say, "That is not for me." If we are not willing to give it some thought, then we are not worthy of the noble title of "Crusader." You and I have read the newspaper, have talked things over with our families, our friends, and together we have run the scale of human emotion: Admiration, fear, reverence, heroism, exaltation, pity, remorse, have in turn moved our souls.

I have presented what I consider an appreciation of the religious life. To our way of thinking our personal ideas about a vocation depend on the way we look on the lives of those consecrated to God. I have attempted by citing specific instances to clarify our ideas. By this first step we hope to be led to understanding, then to appreciation; appreciation leads to action! If, therefore, the time should ever come to us to make a choice, we shall be so strengthened in our convictions that the worldly wise who smile

(*Continued on page* 118)

Ad Infinitum

A Mission Play

By

SISTER M. LAETITIA, S.C.M.M., R.N.
Assisted by TIC

Characters

A SALESMAN, out to make an honest cent;
TWO MODERN HIGH SCHOOL GIRLS, on shopping bent;
A MISSION SISTER, garbed in white (a nurse);
TWO INDIAN WOMEN, ill (but could be worse);
AN INDIAN NURSE—an "Anglo-Indian" styled;
A FAT MOHAMMEDAN, portly and mild;
And then SOME SONGSTERS, not the least, but last,
Who will be heard—not seen—complete the cast.

The opening scene discovers the SALESMAN arranging his booth in front of the curtain, to the left. The "booth" consists of a few shelves behind a small counter, on which the salesman is setting what appear to be boxes covered with blank white paper. They are of every imaginable size, from 2 inches square to 18 inches square. The young man whistles as he works, a little off key, but those who know it can still recognize the tune—"Smile, Darn You, Smile." The rhythm is variable, with marked retardo, as he steps back now and again to view his handiwork, while accelerato and crescendo mark the resumption of his task. The TWO HIGH SCHOOL GIRLS enter from the right, walking slowly, engrossed in conversation. The SALESMAN notices them, hastily surveys his wares, gives one last touch to a box that seems a bit awry, straightens his tie, smoothes his hair—and he is ready for business!

SALESMAN: Good day to you, and may I say, a lovely day indeed!
And would you be out shopping now? Perhaps I've what you need!
Girls look at him, then at each other.
FIRST GIRL: Perhaps he has——
SECOND GIRL: At any rate, it wouldn't hurt to try.
We've been to all the shops (*they both turn to SALESMAN*) and either prices are too high . . .
1st: Or else the thing's too fancy, or it isn't nice enough . . .
2nd: And the salesmen say we're hard to please, and go off in a huff!
1st: We're looking for a present for a friend who's going to be
A missionary sister somewhere off across the sea.
2nd: We want it to be useful . . .
1st: And we want it to be small.
2nd: A thing too big to carry wouldn't do at all, at all!
1st: It can't be too luxurious . . .
2nd: But we want it to be nice.
1st: A something that a nun could keep . . .
2nd: Within *our* budget price!
S: Wait! Don't go any further! Just a minute and you'll see
What a very lucky thing it was you happened onto me!
Here's what you want . . . (*points to boxes; girls are unimpressed*)
1st: It looks just like a plain old box to me!
S: (*Interrupts, hand raised*) It's called "Ad Infinitum"—wait one minute and you'll see
What a very, very splendid gift that "just plain box" can be!
He presses button, light goes on behind the biggest box and through the white paper a big, smiling face shows up. Then the song begins (by the songsters) to the tune: "Smile, Darn You, Smile:"

SONG

Come on and smile, won't you smile?
It's all the rage, it's quite the thing, it's right in style!
Walk down the aisle,
The lane of knocks and bumps and take it with a smile!
Don't be looking like the wrath of Moses!
Frowns make wrinkles, tears will give you runny noses!
It's always worth while to go through life with a smile!

(*Light goes off, smile disappears, girls* ARE *impressed*)
1st: It's certainly unusual!
2nd: And it's small and flat and straight!
1st: But I wonder what it's *good* for?
S: (*Smiles*) I can show you—if you'll wait?

They nod assent, he pulls up bench, motions them to be seated facing the curtain, then disappears behind scenes. The curtain rises, showing the out-patient dispensary of a mission hospital. Shelves of medicines and empty bottles along the back, a "counter" on which are a small balance, a few funnels, a mortar and pestle, etc. There are two doors in the back, one leading to the hospital corridor, one to the pharmacist's sanctum sanctorum. Prominently placed is a sign: DISPENSARY HOURS: 7 a. m. to 12 noon. *Patients enter from another door, right front. An INDIAN WOMAN, garbed in a sari, is just approaching the counter, behind which stands the MISSION SISTER.*

SISTER: Good morning, Bibi. Did the doctor order medicine for you this morning?
BIBI: Yes, m'sahib. (*Hands Sister a soiled bit of paper.*)
S: (*Looks at it*) Ummm. Did you bring bottles for your medicine, Bibi?
B: Yes, m'sahib. (*Triumphantly produces a huge glass jar from beneath her sari.*)
S: But, Bibi, that is only one jar and I must give you two kinds of medicine besides these pills.
B: It is a big jar, m'sahib. It will hold two medicines.
S: It isn't that, Bibi. But one kind of medicine is salve for your sore foot, and the other is medicine to drink.
B: (*Ponders this for a moment*) You could put the salve in the bottom and the medicine on top.
S: Then how will you use the salve?
B: (*That is easy—she demonstrates enthusiastically*) I'll stick in my finger and bring up the salve.

S: (*Firmly*) No, Bibi. That won't do.

B: (*Philosophically resigned to Sister's queer ideas*) Well, then, I'll drink up the medicine and then use the salve.

S: (*Begins to protest again, then shrugs*) Never mind. I'll give you a bottle.

B: (*Delighted*) Achcha, m'sahib.

S: (*Meanwhile steps into the sanctum, emerges after a minute with a small bottle of medicine, a box of pills and a jar of ointment, which she hands to the woman*) Now, Bibi, I'll give you these and keep your jar in place of them. (*Holds out her hand for woman's jar, but the latter protests.*)

B: But, m'sahib! These are such tiny bottles, and mine is so big!

S: (*Weary*) Oh, very well. You may keep it. (*Woman tucks it contentedly under her sari.*) Now, Bibi (*deliberately*), take one pill three times a day, half an hour before food; one teaspoonful of the medicine three times a day half an hour after you have eaten. Rub the salve on twice a day after you have washed the sore.

B: (*Dubious*) Achcha, m'sahib. (*There is a pause, the Sister is about to turn away, when—*) M'sahib. (*Sister faces here again—she thought it was to good to be true!*) How can I cut one pill in three?

S: Cut one pill in three? Whatever for?

B: (*Hurt*) But you said I had to take ONE three times a day.

S: Oh, Bibi! (*Patiently picks up the box and counts out the pills as she speaks.*) You take ONE pill in the morning, ONE at noon, and ONE at night. (*Holds pills in her hand to drive home the lesson.*)

B: (*Greatly relieved*) Achcha, m'sahib. Now I understand! Salaam-ji! (*Begins to turn away when she happens to think—*) Shall I take the medicine in water?

S: (*Noncommitally*) Yes, take it in a little water.

B: (*Intensely concerned*) In how much water?

S: Oh, about two spoonfuls.

B: (*Satisfied*) Achcha. (*Pause, then—*) In hot water or cold water?

S: In cold water, Bibi.

B: (*Frowns, hesitates, then decides to confess*) I can't drink cold water. It makes me cough.

S: Then take it in warm.

B: (*Aghast*) But you just said to take it in cold. How can I take it in warm water if it's supposed to be taken in cold?

S: (*A trifle worn*) Oh, Bibi, take it any way you like.

B: (*Somewhat mollified*) Achcha, m'sahib. (*She turns to go, but—well, it IS important and there is no use in taking chances.*) M'sahib? (*Sister turns*) Did you say a big spoonful or a small spoonful?

S (*Very deliberately*) Now, Bibi-ji, listen to me. One *teaspoonful* three times a day after meals in a little water—please yourself whether it is hot or cold.

B: (*Very docile*) Achcha, m'sahib. Half an hour before meals.

S: No, Bibi-ji. (*Even a sister can have frayed edges, but she is still patient.*) Half an hour *after* meals.

B: Do I take the pills with the medicine?

S: (*Deliberation increases*) No Bibi. You take the pills one at a time half an hour *before* meals.

B: (*Delightfully agreeable*) Acheha, m'sahib. (*And then she thinks of something*) Do I take the pills with water?

S: (*Warily*) Yes, Bibi. With a little *warm* water.

B: (*Inexhaustible*) When did you say I had to apply the ointment, m'sahib?

S: (*Gets a new grip on things. After all, she has only mentioned the ointment once!*) Twice a day, after washing the sore with soap and *warm* water.

B: (*Starts toward the door. S. begins to heave a great sigh, looks toward heaven with a "deo gratias" expression, when—B. stops and turns around.*) Sister-ji. (*She has the grace to be a little apologetic.*) When did you say I should take the pills and the medicine?

S: (*Keeping hold of the straw, now.*) Three times a day. Look, Bibi, you take the pills half an hour *before* you eat, and the medicine half an hour *after* you eat.

B: (*Ponders deeply, starts to protest, hesitates, finally blurts out:*) Sister-ji! I only eat *twice* a day!

S: (*Starts to throw up her hands, when—Ad Infinitum, that we hadn't even seen before, flashes on up over the doorway, and the song begins:*)

Why, Sister, where is your smile?
I see your troubles, you've collected quite a pile. . . .
When things make you "bile"
You'll find a soothing, cooling tonic is a smile. . . .

(*During this time the Sister has glanced up at the box, then smiled and turned back to the patient, beginning from the beginning, and the curtain falls as Ad Infinitum hums the remainder of the song.*)

SCENE II

Same as before, but hours later. As the curtain rises, an Indian woman is just leaving.

WOMAN: Salaam, Sister-ji.

S: Salaam, Bibi-ji. (*Sister heaves a sigh, looks at watch which she wears around her neck, then at sign and laughs.*) Two o'clock! And that sign cost us five rupees! (*Shrugs, and begins tidying up before leaving when—the MOHAMMEDAN enters.*)

M: Sahib, salaam.

S: Salaam -ji.

M: How is my son's mother? (Note: The Mohammedan men do not mention their wives' names, but speak of them in this way.)

S: (*Slightly brusque*) Your son's mother? What is her name?

M: (*Hurt*) Do you not know her?

S: (*Tries a new tack*) Which ward is she in?

M: Number ten.

S: (*Brightly*) Oh, she's better!

M (*Pleased*) Allah be praised! (*Smugly*) My kismet is good. (Note: I.e., his "fate" is good.) (*Pauses, then inquires:*) What can she have to eat?

S: She may eat everything.

M: (*Incredulous*) Everything? (*Earnestly*) May she take pepper?

S: Yes.

M: Red pepper?

S: (*Nonchalant*) Oh, yes.

M: (*Persistent*) And black pepper?

S: (*She IS human*) Yes, and green pepper, too.

M: (*Unmoved*) May she take milk?

S: Yes, feed her well. Milk is good for her.

M: (*Protesting*) But she can't take milk. It gives her a pain!

S: Well, then, (*patiently*) don't give it to her.

M: What can she drink?

S: Anything.

M: Water?

S: Yes, give her plenty of water.

M: (*Protesting again*) But, m'sahib, she's been running a temperature up to the last few days, and isn't water bad for anyone with fever?

S: (*With finality*) No, it's good.

M: (*Also with finality*) Well, her maternal grandmother will not allow her to have water, anyway. What else can I give her to drink?

S: (*Thinking fast*) Give her tea.

M: (*Thinking just as fast*) She's never taken tea, m'sahib. I'm afraid she would not like it.

S: (*Just a wee bit desperate*) Well, has she ever taken soup?

M: Yes-ji.

S: That seems to be the only thing left, doesn't it?

M: (*Now it is his turn for suggestions*) She likes whey.

S: She can have that.

M: And curdled milk.

S: (*Nods approval*) Yes, that is good, too.

M: Can she drink soda water?

S: Yes, let her drink anything and everything that she will and (*with emphasis*) tell her maternal grandmother that if she doesn't give her water, we'll send her home.

M: (*So docile!*) Achcha-ji. As you say. (*Pause*) May she have *roti?* (Native bread.)

S: Yes, of course.

M: *Double roti* or *chapatis?* (Note: The former is European, the latter, native, bread.)

S: Whichever she prefers.

M: (*Reflectively*) She's never eaten *double roti.*

S: Then give her ordinary *roti.*

M: May she have *dal?* (Note: A kind of lentil.)

S: Yes, *dal* is fine.

M: What kind of *dal?*

S: *Mumki dal,* green *dal* or *red dal.*

M: Shall we give her curry? (Note: Curry is a spice which is used to season food.)

S: Yes, by all means. Give her a good, substantial diet. She needs building up.

M: (*Satisfied*) Achcha-ji. (*Reflects once more*) What kind of curry?

S: (*Approaching state of desperation*) Meat curry, vegetable curry, fish curry, egg curry —any kind of curry!

M: (*Smug*) Achcha-ji. (*Pause*) She likes tomatoes.

S: Give her some.

M: (*Upset*) But, m'sahib, tomatoes are heating food and are not good for her.

S: No, no. Tomatoes are all right. She may have some.

M: What about cucumbers?

S: (*This is getting wearisome, and after all, she has not yet had her own dinner*). Yes, yes, she may have them.

M: (*Again upset*) But they are cooling food! I'm afraid they might upset her.

S: (*Determinedly*) Well, if I were in her place, lying in bed on a day when the thermometer was climbing up to 120 degrees, and it looking as though the only thing I was going to get to drink was a bowl of nice hot soup, I think *I'd* eat *cooling* food, whether it came in the form of cucumbers or frogs!

M: (*Crestfallen*) Achcha-ji. Salaam.

S: (*With emphasis*) Salaam.

Exit Mohammedan. Sister looks around, is satisfied that everything is in order, starts toward the door to the hospital corridor, changes her mind.

S: I'll never get to dinner if I go out that way. (*Ponders—light comes as she glances around the room*). I'll slip out the patients' door! (*She is almost there, when a nurse enters from the hospital.*)

NURSE: Sister-ji!

S: (*Shrugs, resigns herself*) Yes?

N: Salaam, Sister-ji.

S: What is it, nurse?

N: Sister-ji, Ramlal refuses his medicine.

S: Ramlal? That's the anemic little fellow, isn't it?

N: Yes, Sister.

S: Well, tell him he must take it.

N: I did, but he won't.

S: Is his mother there?

N: Yes, Sister.

S: Well, tell her to make him take it.

N: I did, Sister-ji, but she says that when he says *no,* he means *no.*

S: But good heavens, nurse, he's only six years old!

N: I know, Sister-ji, but (*shrugs*) *kya karega!* (What can you do about it.)

S: (*Exasperated, is about to attempt some reply, when "Ad Infinitum" lights up and picks up the tune of "Smile" in the middle, where it broke off last time:*)

Just a minute now, aren't you forgetting
Folks who walk in thunderstorms will get a wetting!
Swing into file—march in the sunshine and smile!

(CURTAIN)

As the curtain falls, the SALESMAN emerges once more from the wings, smiling and rubbing his hands enthusiastically. THE TWO HIGH SCHOOL GIRLS rise, equally enthusiastic. All the little "Ad Infinitums" and the big "Ad Infinitums" and the middle-sized "Ad Infinitums" on the shelves light up and pick up the tune with a slight variation of the words:

So won't you join in our smile
Come on and try it and you'll always be in style!
On Ganges or Nile
No matter what folks speak, they'll understand a smile!
Don't be looking like old Grumpus Gloomer—
Missionaries have to have a sense of humor!
Stretch it a mile!
And make it ONE, GREAT BIG SMILE!

During this song the SALESMAN has been busy wrapping up a nice, handy "Ad Infinitum" for his customers. The pantomime shows the TWO HIGH SCHOOL GIRLS in earnest consultation, then each indicates that she, too, will take a small one for herself. During these transactions the whole cast—even the SONGSTERS (if they are not too shy)—troops onto the stage, joining in the chorus.

The most effective ***finale*** *will be gained if the ushers begin to distribute copies of the song when the curtain falls on the mission scene. Then, by the time the TWO HIGH SCHOOL GIRLS have their purchases tucked safely under their arms, everyone will possess, not only the spirit, but the words as well, and the chorus will ring out from all corners! The audience now having become one with the actors, everyone will exit to the tune of a "hum."*

THE END

HOLY FAMILY HOSPITAL

MURREE ROAD

RAWALPINDI, INDIA

My dear Niece:

We enjoyed your letter so much. I say "we" because news from home is too precious to keep all to oneself—and besides, I had to have someone on whom to try the puzzles that you sent. I couldn't try them on my little Indian friends for the simple reason that they wouldn't understand what it was all about—puzzles just aren't funny to them, at all. But I have other ways of making them laugh. For instance, I can say to one of them: "When is your birthday?"

"What?" And there will be oh, such a puzzled little face.

"On what day were you born? The day? The year?"

Then everyone around will laugh. How perfectly funny! How would a person know on what date he was born? In the first place, the baby itself wouldn't know! In the second place, the mother cannot write and has no way of keeping track of such things. And finally, what difference does it make, anyway? And so after a while no one knows whether Rampiara is seven years old or eight—it is somewhere around there. Years later no one will be quite certain whether a patient is twenty years old, or thirty. But Europeans (and Americans) are funny people and do such queer things! It doesn't matter if they are fifty or sixty years old—they can still tell you the exact day of their birth! Very amusing!

Now the Indians, especially the Hindus, make a special note of something vastly more important. They can tell you the exact minute they were born. As soon as the baby comes into this world, the relatives must find out from someone who owns a watch (or an alarm clock!) just what time it is. Then they rush off to the astrologer, give him the time, and eagerly wait while he "consults the stars" to learn what the baby's future will be! Whether the child is born under a lucky or an unlucky star is so much more important than the day of the week or month!

Alas, the "fortune teller" does a lot of harm. For instance, he may predict that the baby is going to have a hard or an unlucky life. Then the parents decide that they may as well not take care of the baby, and just let it die—that is paganism!

So you think you would like to call me up on the telephone some day. Well, my advice is, don't do it! I looked it up and found it would cost $40 for just three minutes—and I probably wouldn't hear what you were saying, as the telephones don't seem to work as well in India as they do back home! Besides, think of all the more urgent things we could do with $40! That much money would buy enough quinine for our dispensary patients for two or three months!

Speaking of quinine reminds me that the malaria season is just getting into full swing. This is a section of India where "everybody gets malaria"—that means most of the Indians get it. But that takes a lot of explanation. For instance, to get malaria, you must be bitten by a mosquito which has previously bitten a malaria patient. In other words, don't let a mosquito bite you, and you won't get malaria. So if you stay inside nicely screened houses, and sleep under mosquito nets, as the Europeans and the military people do, you probably will not be bitten—and you won't get malaria. As an additional precaution, you can take five grains of quinine every day, and that also helps. But the millions and millions of ordinary natives have no screens or mosquito nets. The majority of them make only a few cents a day—just enough to keep them in food. They could never afford to take a daily dose of quinine—or if they could afford it, they don't know enough about it or the necessity for taking it. And so they get malaria.

Nowadays about half the little children and babies that come into St. Francis Dispensary have a tired look and feverish eyes, and when you ask: "What is the matter?" the answer is "Bookhar," which means fever. Many die—about a million a year in India—but most of them live a half-sick, half-well existence. So we give out quinine and more quinine, which cuts a big hole in our budget, though those who can afford it pay cost price. But we realize at the same time that we are reaching only a small proportion of the people who need it.

We sisters sleep under mosquito nets and take our daily doses of quinine during the malaria season, and last year not one got malaria. You see, the mosquito nets alone would not help, because some of us are always on night duty, and sometimes we must go out on cases at night, and could get bitten many times. That is why the quinine is needed, too.

Sleeping under mosquito nets is a lot of fun—at least, at first. This is how it is arranged: You take four bamboo poles and tie one on each corner of your bed so that it sticks straight up in the air. The beds are plain pipe frames, with rope woven across for springs. After the poles have been fastened, you tie the mosquito netting inside the tops of them, and the sides of the net you bring down and tuck under the mattress all around, except on the side where you must crawl in—and that is the next problem.

First you make sure no mosquitoes have gotten inside before you. Then the trick is to shoo away any mosquitoes that may be around and slip inside your tent before a mosquito does—after which you tuck in the last portion from the inside. Once inside this "canopy," you feel like the Queen of Sheba or someone equally odd! It seems silly to take all those precautions, but it would be sillier to go to all the expense of preparing for the missions and then getting malaria and dying when you could (nine times out of ten) keep from getting it.

Dear me, but that is a serious letter to write to a little girl! I suppose it is because I have quinine on my mind today. By the way, if the school children read this and decide they want to help our poor people, don't let them send us quinine. We would have to pay duty on it and it would cost more in the end than if we bought it in India! No, if anyone feels sorry for our malaria patients and wants to help, that help will be best given by sending money (preferably through the Propagation of the Faith office), and we can buy the quinine here.

There are more interesting things to tell you but they must wait until next time.

Your affectionate aunt, in JMJ,

Sister Alma Julia.

A Code For Health Visitors

Excerpts from *The Handbook of the Lady Reading Training School for Health Visitors*, Delhi, India

A health visitor should be practical and resourceful, and possess both a sense of responsibility and powers of initiative. She must know how to do the best with little in order to adapt herself to the scanty incomes of the poor. Her responsibility is great, first of all because of the nature of her work. She has the *lives* of women and children in her charge, and that is a serious matter. In the second place, she has frequently to stand alone in her work, and be answerable largely to her own conscience. It may be that she serves under a local committee who are anxious to advance the work, but who have very little real knowledge of the best way to carry it on; or else she is under a medical officer of health or civil surgeon who has multifarious other duties. For the same reason powers of initiative are a great asset to the health visitor. Her training should give her the requisite knowledge, but she must have the ability to apply it. She must go to her work prepared to originate methods of running it. It frequently happens that a health visitor going to a post finds she is the first one to occupy it, and so the whole initiation of the work lies with her. She must, therefore, be quick to understand local conditions and grasp local needs, and must not imagine that a scheme suited to one town or district can necessarily be applied directly to another.

A health visitor should fully grasp that her work is *prevention* of disease. She is not trained to carry out *treatment* which must be left to hospitals or medical practitioners with whom she must cooperate in every possible way. This is often a great stumbling block for the idea of prevention has not been grasped by the community at large, and not even always by the bodies employing health visitors. There is, therefore, a constant temptation to the health visitor to make her work "popular" by providing a bait in the way of treatment. This is a temptation which must be firmly resisted, as if it is yielded to, the whole purpose of the work fails and the idea falls into disrepute. A health visitor who allows her work to degenerate into that of a fifth rate dispensary is not only useless, but a positive harm.

Sisters of Notre Dame

(*Continued from page* 105)

most far-reaching work done by the Sisters in England has been in the field of teacher-training. The Mount Pleasant Training College, Liverpool, since its foundation in 1855, has sent out hundreds of trained Catholic teachers, and has always maintained a high place on the official lists. The same efficient work is done by the younger Training College in Glasgow, Scotland. The Sisters have also large elementary and secondary schools in London, Liverpool, Manchester, Leeds, and other important centers.

In Our Library

ONE LIFE IN CHRIST, *Sister Mary of the Angels, R.S.M. P. J. Kenedy and Sons, New York,* 1940. 141 *pp.* $1.50. *Illustrated.*

This latest biographical sketch of Mother Catherine McAuley, Foundress of the Sisters of Mercy, is something of a disappointment. Mother McAuley's short life was so crowded with great deeds done for God and souls from which the author might have drawn that it seems a pity to portray for the most part only the more sentimental externals of her life. The Foundress of the Sisters of Mercy was a strong woman whose living Faith overcame the multitude of obstacles which strewed her path, from the time she lost her parents during the days of the Penal Laws in Ireland and was taken by non-Catholic relatives who had no sympathy with her religion, until she died a short ten years after the foundation of her community.

The illustrations are very well done and the publishers are to be congratulated on the format of the volume.

* * *

THE RELIGIOUS TEACHER AND THE WORK OF VOCATIONS, *Reverend John B. Delaunay, C.S.C. Published by St. Augustine's Novitiate, West Hartford, Conn. Paper cover.* 10 *cents.*

The chapters of this brochure formed the subject matter of a series of conferences which Father Delaunay gave at Sisters' College in Washington, and which the Sisters of Mercy have published that they may have a wider distribution.

A few quotations from the brochure will evidence the value of these suggestions to religious teachers in the work of Vocations.

"Everyone has a Vocation, a path along which the Father is leading His child. To follow our Vocation is to yield lovingly to the designs of God toward us.

"There are two Vocations; the first, the road of the common or ordinary life; the second, the road of the privileged or extraordinary life. Most are called to the common life—to lead in the world an ordinary Christian life. The second life invites men and women to the perfect service of God in the priesthood or religious life.

"Two chief qualities must be found in every aspirant to the higher life: an aptitude for that life and a certain attraction towards it.

"Whenever God predestines a creature to a particular work, He always bestows upon it the ability requisite for the performance of that work. In addition, He places within it an inclination towards that species of activity. In other words, He fashions it, then He draws it towards the end He has in view.

"The idea of fitness for the religious life contains such elements as family temperament, the temperament of the candidate, a certain standard of intelligence and peculiar requirements of heart existing in the subject. Attraction to the life is more difficult to analyze, existing as it does in many degrees and being accompanied by manifold intentions. That a subject is pious, zealous and self-sacrificing is not sufficient. These signs are purely negative. There must also be a spontaneous inclination of the soul towards the priesthood or religious state. Sometimes the attraction is clearly manifested and at other times there is a wavering attraction more difficult to handle. If there be a doubt as to which state of life should be chosen, Saint Thomas says that the doubt should be solved in favor of the higher calling since it is always lawful to counsel one to embrace the state that is the more perfect, the more favorable to eternal salvation and the more profitable to the glory of God."

A PHYSICIAN'S PRAYER

Thou Great Physician, I kneel before Thee. Since every good and perfect gift must come from Thee I pray:
Give skill to my hand,
Clear vision to my mind
Kindness and sympathy to my heart
Give me singleness of purpose
Strength to lift at least a part of the burden of my suffering fellowmen, and—
A true realization of the privilege that is mine.
Take from my heart all guile and worldliness, that with the simple faith of a child I may rely on Thee.

* * *

WANTED: CO-MISSIONARIES, *by Rev. Bruno Hagspiel, S.V.D. The Mission Press, Techny, Ill.* 10 *cents. Paper cover.*

An appeal for souls who will, by prayer and suffering, cooperate with the missionaries of the Society in their work of saving souls.

* * *

ARE YOU MISSING SOMETHING? *What use do you make of the Sign of the Cross?, by Rev. Albert H. Dolan, O.Carm. The Carmelite Press, Englewood, N. J.* 10 *cents. Paper cover.*

It indicates how the Sign of the Cross can be converted into a very powerful and consoling prayer.

* * *

BENEDICTION OF THE BLESSED SACRAMENT, *by Rev. Albert H. Dolan, O.Carm. The Carmelite Press, Englewood, N. J.* 10 *cents. Paper cover.*

The Society Abroad Presents:

FIELD WORK

Me, Too!

By

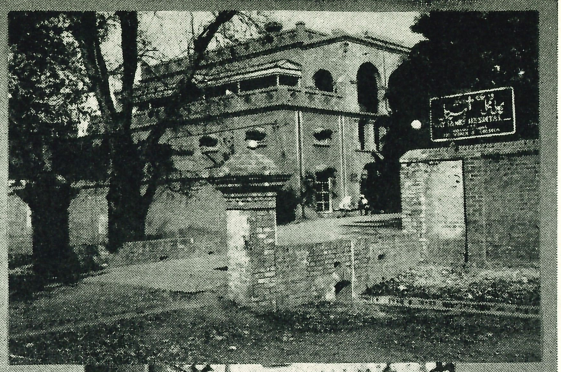
TIC

Well, the raising of a family has its outs and has its ins,
But it's twice as complicated if you're trying to bring up twins!
'Course, it isn't so confusing when the two are just alike—
When the "Pat" is short for "Patrick," and the "Michael's" cut to "Mike,"
Or the "M" is for "Michaella," and "Patricia" is her mate—
You can harness up a pair of boys or keep two lassies straight.
But when Mike says, "I'm a pirate," looking fierce as small boys do,
Can our Pat grow up a *lady,* if she struts and shouts: "Me, too?"

Sure the little things weren't born a week before the fun began,
When their father saw the two he got all fussed, and like a man
He went down to some new "Bureau" where the "ladies give advice"
And sent one out to see me! Well, I didn't see her twice!
Telling me "'twas not so difficult! Just keep them both the same,
"Or they'd likely get a" —something—I think "complex" was the name!
"Good psychology," she called it! Hmph! I wonder what she'd do
If Mike said, "Say, Mom, I want long pants," and Pat said, "Mom, *me, too!*"

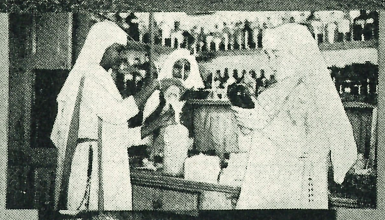
Right then and there I didn't keep the lady in suspense,
"Perhaps," said I, "it's just the same, but I'll use common sense!
"There are times you can't 'give equal,' just as there are times you can,
"And I'll have no carbon copies, but a *lady* and a *man!*"
Why, you can't set boys to knitting, that's a thing that's understood,
Any more than you could put a "growing girl" to chopping wood!
Now, for instance, that first day at school, what else could Sister do,
When our Mike went in the boys' yard, and our Patty begged, "Me, too"?

There was once, though—I'll admit it—when the problem had me stumped!
'Twas when they were planning "what they'd be" I sort of felt I'd bumped
Into something it was going to take *some* thinking to expound—
I knew the "why," but not the words, and that's what had me downed,
'Cause when Patty couldn't do like Mike, I'd tell her why, at least,
And now—Michael hadn't said so, but I knew he'd be a priest!
But it all came out just perfect. Michael said: "Perhaps you knew—
"Mom, I'd like to be a miss'n'ry," and Pat said, "Mom, *ME, TOO!*"



"Holy Family Hospi-TAL", as the Indians say it, the Society's own hospital in Rawalpindi, North India. It has 60 beds to place at the disposal of the women and children whose special purpose it is to serve. Religious tradition forbids Mohammedan women to be seen by men other than those of their own household, and the hospital that would serve them must make arrangements for preserving this rigid seclusion, or "purdah", as it is called.

Just inside the gate and close to the hospital can be seen two figures on a ***charpoy***, a native string bed. In this country we might conclude: Two convalescents; in India it is morely likely "a patient and a relative."



The pharmacy, with two native sisters (left) at work under the direction of a Medical Mission Sister. The Society has two graduate pharmacists and one student pharmacist.

"Patient discharged."

This little mother is leaving the hospital after her fifth Caesarian operation. Her two oldest boys are in the foreground, while the nurse holds the baby. The nurse is an Anglo-Indian, i.e., part Indian, part European, and wears a uniform more like those of the western world. Note the stature of the patient as compared with the European friend who stands behind the children.

The Sister-doctor (foreground), assisted by the nurse (also a member of the community) treats a small patient in the hospital compound while mother looks on.

"Outpatients" waiting at the door of the hospital dispensary. Last year 20,000 patients attended this dispensary at Holy Family Hospital. It is the most popular place of the hospital. Not only are all kinds of diseases, from sore eyes to sore toes, treated, minor operations performed, and treatments, injections and medicines given, but love and confidence are won, superstitious practices are abolished and advice is given for healthful living for the whole family. Besides this, the dispensary is a meeting place for all colors and creeds, for rich and poor. What is seen and heard helps to break down barriers among the people themselves.

Maternity work means much more than a few hours of assistance or supervision: Visits made prenatally and postnatally; recommendations adapted to limited means and limited outlook; and instruction, that can be neither demanding nor aggressive, but must be patient and kind, meted and measured to win confidence and cooperation.

This is a typical home in the Pindi district—even to the geese!

"Up in the hills of Murree."

Hospital work is always exacting; in India there is added the enervating heat. And so the Medical Missionaries divide into groups and take "turn and turn about" for vacations. The sisters in Pindi find a haven that is restful and beautiful in the Murree Hills, a few hours out of the city.

(Left) Native Sisters also find opportunity to equip themselves as nurses in our training schools. At present, three communities of native nuns are represented at Holy Family Hospital, one from Bengal (founded by the Holy Cross Sisters of Notre Dame, Ind.), one from Ajmer, and one from Patna. The scope for good of these Indian sisters among their own people whom they know and understand and by whom they are known and trusted, is incalculable.

More poignant than statistics—(right)

All the facts and figures of India's tremendous infant and maternal mortality rate are gathered in these few square inches of photograph: There was ignorance—ignorance of the simplest hygienic principles; there was superstition—fear to "go to hospital" among strangers; there was death, leaving a wifeless father—and then death struck again, and the father was alone.

Dacca center workers find themselves on the river, too, in their rounds as health visitors. Many families live on the water in just such a boat as is here pictured.

This is a Mohammedan lady, as can be seen by the long white garment called a *burka*, which covers her completely. These *burkas* enable the women to observe the rule of *purdah*. They are like great circular sheets which are thrown over the head and conceal the whole figure. A small opening is cut for the eyes. With such wearing apparel a condition of travel, it is no wonder that the average Mohammedan lady is quite a "home-body"!

(Right) A native nurse on duty in the men's ward of Mitford Hospital. There are no chairs at the bedside for visitors—that would be a waste of furniture among a people accustomed to squat nonchalantly on the floor. And the heat of Indian summer reduces bedclothes to a minimum.

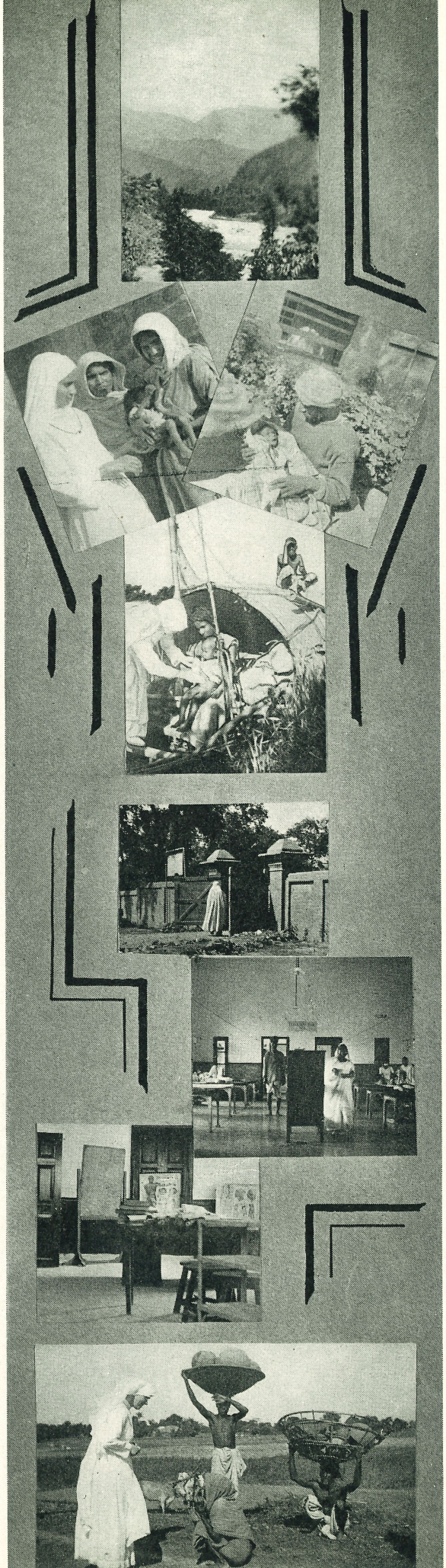
The Indian nurse in training retains her native costume—the graceful *sari*.

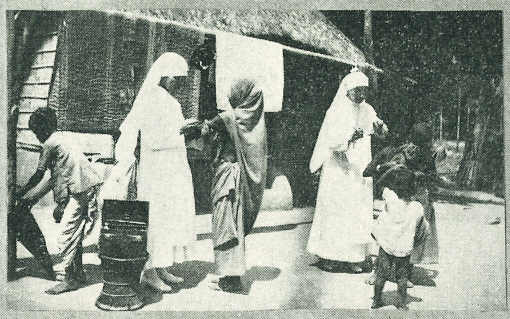
For we must learn the joints and bones,
And we must learn the muscles,
And study charts, and notes, and book—
And woe to him who hustles!

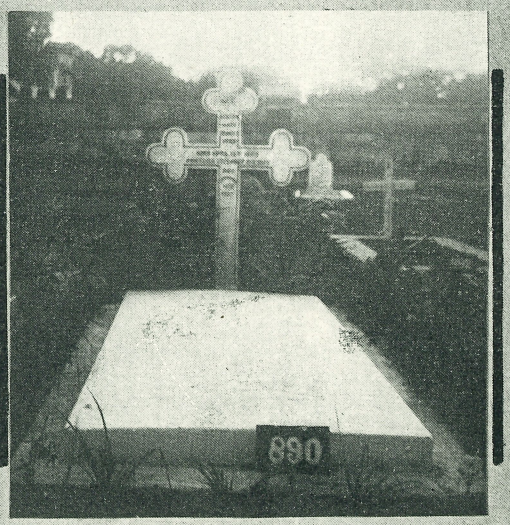
A hospital class room (left), where nurses in training attend lectures. This one is equipped with charts for anatomy study.

From the newest foundation in Patna, the spokes of "village visiting" are already radiating into the country-side.

The chief complaint here—Sister's smile precludes serious difficulties—seems to be inertia!







And don't they all have angel-folk, or black or brown or white,
To help small hands and teach small minds to know the wrong from right?
And don't the angel-folk have names, the very same as you,
And play at games and songs and things? (I like to think they do!)
There—Akbar you can't even see—perhaps his angel's name
Is "I-Am-Shy;" and he of busy hands is "Play-A-Game!"
And Chandni's (tucked in nurse's arm) is "I-Am-Very-Small"
And frowning Singh's (half shadow-hid) is "Let-Me-Grow-Up-Tall!"
And Rampiari in the midst, heedless of all the rest,
Like Childhood—wide-eyed, clean, unspoiled—his angel's name is "Quest!"

Radiation:
The Sisters conduct maternity and child welfare centers, which serve as a hub for the round of "home visiting." This, again, is a field which presents endless possibilities for realizing the aims of the medical apostolate: "The prevention, alleviation and cure of disease." Here one sister vaccinates a patient—*prevention*—while another administers a dose of—could it be cod liver oil?

Another medical mission activity: The training of native midwives, or *dhais* as they are called. The importance of this work cannot be overrated. In a land where only a limited number will venture to the comparatively few hospitals, where the expectant mother, for centuries, has accepted as her only recourse in time of need the native midwife, the training of the latter in at least the rudiments of cleanliness and hygiene is a vital necessity. The high maternal and infant mortality in mission countries is largely due to ignorance, lack of sanitation and proper medical care.

Mitford Municipal Hospital in Dacca, Bengal, India, is a Government Hospital where the Sisters are in charge of the nursing and likewise conduct the nursing school. It has 300 beds, with blocks reserved for men patients as well as for women and children.

We dare to include here a picture of the grave of the first Medical Missionary to die in the mission field — Sister Mary Francis Herb, who died in Dacca on September 18, 1937—not as something that is either sad or unduly somber, but because it epitomizes so simply the Medical Mission life. You have seen the sisters in the hospital, in the dispensary, in the native huts—it seems a round of endless work. And yet the essence of their apostolate is not the activity of doing, but the peace of giving. Sister Francis gave. A missionary priest of the Dacca district put it thus: "All knew that there was not an ounce of selfishness in her make-up. In the eyes of the unwise she appeared to die, but she is in peace. May the Lord wipe away the tears from her eyes as she herself did from the eyes of so many poor sufferers in Dacca and brighten her passage to eternity."

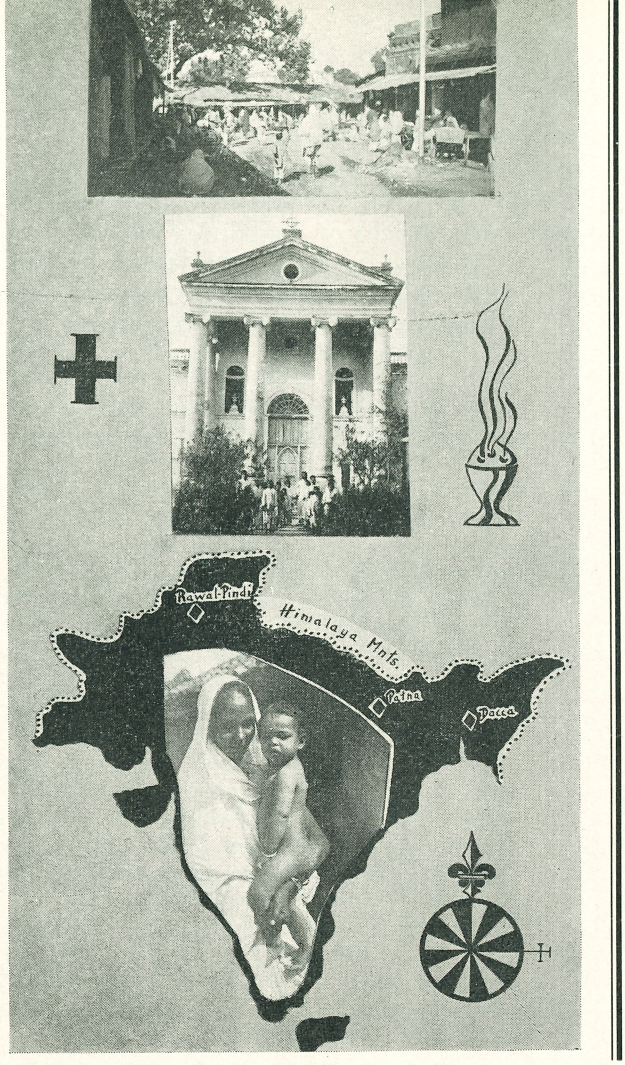
In Dacca, too, vacations are a necessity, and the sisters find respite from heat and work in the hills outside the city.

Patna Bazaar.* "You'll never find it empty. . . . And there is no such thing as stepping into a store to get out of the crowd! The 'stores' open onto the street, and right in the street you stand and tell the shopkeeper, who is sitting cross-legged in front of you, just what you want. 'Curtain material? *Achcha!*' and forthwith bolt after bolt of cloth is flung on the dirty floor in front of you, unwinding as it falls. 'Stop, stop!' you cry, but he only shrugs his shoulders and tosses down a few more, just to make certain that he won't have to get up again for a while!"

"Old Cathedral", Patna City, some years before the Medical Mission Sisters began converting the grounds into a hospital. "We have begun on nothing, as usual, and have been able to assemble a twenty-bed hospital, with a bedside table and a stool for each patient (products of the Jesuit missionaries' carpenter shop!). Four Santal girls are ready to begin training. We need, urgently, bug-proof beds ($175); a sterilizer ($400); an operating table ($350); blankets ($100); linen ($200); laboratory equipment ($350); and 'rupees ad infinitum' for initial daily running expenses!"

Three Medical Mission outposts: Dacca, Patna and Pindi—a slim frontier in the work of compassing the mothers and children who are found in every corner of India (which is only one of the mission countries), and who are forced by custom and tradition to depend upon the help and care which women can give.

* *These photos from Patna are reproduced through the courtesy of JESUIT MISSIONS.*



May We Ask Your Prayers

It is time to "go to press"—and we have had no news of our Sisters in Europe since hostilities have been pushed forward on an ever-widening "front." The house in Holland is in the territory that has been surrendered; the house in England is not far from London, and the danger of an air attack on the British capital is imminent.

Separated from our Sisters as we are, with all means of communication paralyzed, at least temporarily, there is withal a peace in the knowledge that prayer is independent of ships and trains and time and space.

May we not ask you, too, to join in these prayers: for our sisters, who are over there, because you know them and they belong to you; for our Sisters who have come from there, and their families who have been caught in the cordon of this war—they, too, form a part of our "family"; and lastly, for all those to whom this conflict has brought suffering and loss and sorrow. "For we are all Christ's."

Medical Missions

(*Continued from page* 103)

ance, supernatural motives. They must work hard, as if everything depended on them, and combine it with perfect dependence upon God. The daily occurrences and tasks of a medical missionary act as chisel and polish to fashion the disciple after the Master. That in itself makes the life worthwhile.

To "put it in a nutshell": Medical Missions bring the God-given means of bodily health and pave the way for the Kingdom of God. They provide a school of sanctity for those who dedicate their lives to it. Medical Mission work is not superogatory or fanciful—it is the carrying out of Our Lord's teaching as expressed in the parable of the Good Samaritan. It follows in the footsteps of Christian tradition, and is in accordance with the wishes of the Church, today. The climax, however, is the honor and glory of God. Charity to the sick and suffering makes the religion which prompts it loved and admired, thus carrying out Our Lord's teaching: "So let your light shine before men, that they may see your good works and glorify your Father, who is in heaven."

—ANNA DENGEL.

June Mission Intention

For Works of Education In the Missions

Missionaries who are laboring in mission territories have developed a very complete system of education, which is eminently suited to the needs of the people among whom they are laboring. For instance, in China, where infant abandonment is frequent, plans must be made for the physical as well as spiritual upbringing of those tiny waifs who reach the mission only a few days, or even hours, old. Properly housed and fed the child often develops into a sturdy youngster whose inquiring mind and hands must be directed along the right lines. When school days actually arrive the training is neither haphazard or lopsided; the "whole" child, spiritual as well as physical, is instructed. Religious education, with its consequent knowledge of the creature's duties towards the Creator, state and neighbor has a definite place in the curriculum. On the other hand ample provision is made to train the boys and girls in the art or trade which will make them useful, self-supporting members of society. Father Thomas McCarthy, of the Columban Fathers in China gives concrete evidence of what is done in Kienchangfu.

"The school teaches," he says, "not alone the three 'R's,' but also the ultra modern, streamlined novelties of American education. What time the teachers were not engaged in taking the intelligence quotients and mental ages of their charges, they taught them hygiene, science, manual work, drawing, singing, in addition to the social subjects, history, geography and civics. Lest all these should overburden the pupils, physical drill was made by a major soldier."

What has been done in China, even in the face of the crisis there, is and has been done in other parts of the mission field. The Japanese educational requirements are of a particularly high order but the Church has been able to win the approbation of both government and people alike for their schools and teaching. In India the same may be said to be true.

It can be seen therefore how deeply cognizant are the peoples in mission lands of the value of Catholic education and how splendidly the Church is carrying on this part of Her task. The Resident Commissioner of Swaziland paid tribute to the work of the missionaries in South Africa during a recent celebration when he stated that "the Catholic Church does not destroy the good points in the character of the African natives, but aims rather at making them the substratum on which to build up a Christian character." He added that "he had been favorably impressed by the spirit of discipline of the boys in the school, by their ready obedience and respect for authority."

Certainly the missionaries have been doing a splendid "job" in their educational work, often in the face of seemingly insurmountable obstacles, and their task will be much heavier during the present time when wars and rumors of war are disrupting the world. Hence the appeal of the Holy See for the prayers of the faithful "for works of education in the missions."

RT. REV. MSGR. THOMAS J. MCDONNELL,
National Director,
The Society for the
Propagation of the Faith.

"Excerpts"

(*Continued from page* 106)

condescendingly on us will not move us by "You are far too intelligent, too good-looking, my dear," nor will the cynical remark of a supposed friend: "You must have been disappointed in love." Rather the thought of a priest offering Mass in an igloo with the temperature at 60° below zero; the Sister, eager to aid the wounded, hurrying off in the ambulance, the first nurse to reach the front; the Brother patiently guiding a wayward boy to a life of decency, manliness and success, will spur us on to fight the battle God asks of us—the only real battle that matters: the battle to save our souls.

Perhaps some day we may perceive the seed of a vocation in our own soul or in that of a friend. In whatever form we meet it, if in the future any one of us gathered here should experience an emotion deeper than a respect and an admiration, if ever there should stir within us a desire for self-sacrifice, supreme unselfishness, of heroic zeal for souls, we ask for grace that we may not fail. Enthusiastically you and I join in solemn prayer that God, looking down from His throne, may heed us.

"May we, Catholic youth of 1940, be stalwart champions in Your crusade for souls, O Lord. Give us courage that if You so will it, we may assume wholeheartedly, our role of workmen in the vineyard of You, our Master!"

R. I. P.

Please pray for the repose of the souls of:
Rev. John E. Ryan, Devon, Conn.
Patrick J. O'Connor, Washington, D. C.
George V. McAlear, Washington, D. C.

Eternal rest grant unto them, O Lord: and let perpetual light shine upon them. May they rest in peace. Amen.

The pictures and description of the mission work will be available in pamphlet form after the 15th of June at 5¢ each.

Send your request to:

THE MEDICAL MISSIONARY
Box 4405
Brookland, D. C.

The series published last month, showing the "groundwork and homework" of the Society, is now available in pamphlet form at the same price, 5¢ each.

"Step by step—and *easy*—does it!" (Or at least, that's what they say:)
"Lift one foot, and then the other—slow but sure—along the way;
"You can scale the roughest mountain, you can top the highest hill...."
(Maybe that's what folks are meaning when they say they'll "foot the bill!")

Fall will mean "departure time" at the Medical Mission House—and that means facing the problem of "passage money" once more. It is a good many "feet" from America to India, and it would be a wearisome mountain of expense indeed to "foot" all alone. But if we could all "foot" together—5,280 ft. (1 mile!) for 5c; 25 miles for $1.00. Who will pay for the first mile? For the first hundred miles?

And now—just a little secret. Tic's been "begging away in a versical way" for many, many months, now, and rumor has it that "he's an amusing beggar—but not a very collective one!" And they have left it up to him and his page to start the ball a-rolling for the passage money! There will be no MEDICAL MISSIONARY in July and August—and "footwork" is *so* tiresome in the summertime! Perhaps if he's left to "foot the bill" all alone, he'll just "futter" away, and there will be nothing left in September except a little ink spot! It is up to you!

Dependently yours,

TIC.

DEAR TIC:

I'd like to send a thousand feet—
I really, truly would;
I'd like to send a thousand miles—
I'd send them if I could!
But here's $.....for..... {miles / feet}
The best that I can do,
To prove this summer, heat or no,
I'll "foot" along with you!

.....

.....

.....

Tic "foots the bill."

MEDICAL MISSION SISTERS

PHILADELPHIA, PA.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE
8400 PINE ROAD, FOX CHASE
PHILADELPHIA, PA.